

		FOR OHF USE					

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2003
STATE OF ILLINOIS
DEPARTMENT OF PUBLIC AID
FINANCIAL AND STATISTICAL REPORT FOR
LONG-TERM CARE FACILITIES
(FISCAL YEAR 2003)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION
THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY
PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE
OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE
ANY INFORMATION ON OR BEFORE THE DUE DATE WILL
RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM
HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

<p>I. IDPH Facility ID Number: <u>0039289</u></p> <p>Facility Name: <u>Pine Acres Care Center</u></p> <p>Address: <u>1212 S. Second Street</u> <u>De Kalb</u> <u>60115</u> Number City Zip Code</p> <p>County: <u>De Kalb</u></p> <p>Telephone Number: <u>815-758-8151</u> Fax # <u>815-758-6832</u></p> <p>IDPA ID Number: <u>36-2166970-005</u></p> <p>Date of Initial License for Current Owners: <u>03/01/94</u></p> <p>Type of Ownership:</p> <table><tr><td><input checked="" type="checkbox"/></td><td>VOLUNTARY, NON-PROFIT</td><td><input type="checkbox"/></td><td>PROPRIETARY</td><td><input type="checkbox"/></td><td>GOVERNMENTAL</td></tr><tr><td><input checked="" type="checkbox"/></td><td>Charitable Corp.</td><td><input type="checkbox"/></td><td>Individual</td><td><input type="checkbox"/></td><td>State</td></tr><tr><td><input type="checkbox"/></td><td>Trust</td><td><input type="checkbox"/></td><td>Partnership</td><td><input type="checkbox"/></td><td>County</td></tr><tr><td></td><td></td><td><input type="checkbox"/></td><td>Corporation</td><td><input type="checkbox"/></td><td>Other</td></tr><tr><td></td><td></td><td><input type="checkbox"/></td><td>"Sub-S" Corp.</td><td></td><td></td></tr><tr><td></td><td></td><td><input type="checkbox"/></td><td>Limited Liability Co.</td><td></td><td></td></tr><tr><td></td><td></td><td><input type="checkbox"/></td><td>Trust</td><td></td><td></td></tr><tr><td></td><td></td><td><input type="checkbox"/></td><td>Other</td><td></td><td></td></tr></table> <p>IRS Exemption Code <u>501c3</u></p> <p>In the event there are further questions about this report, please contact: Name: <u>Donald H. Primdahl</u> Telephone Number: <u>630-521-8034</u></p>	<input checked="" type="checkbox"/>	VOLUNTARY, NON-PROFIT	<input type="checkbox"/>	PROPRIETARY	<input type="checkbox"/>	GOVERNMENTAL	<input checked="" type="checkbox"/>	Charitable Corp.	<input type="checkbox"/>	Individual	<input type="checkbox"/>	State	<input type="checkbox"/>	Trust	<input type="checkbox"/>	Partnership	<input type="checkbox"/>	County			<input type="checkbox"/>	Corporation	<input type="checkbox"/>	Other			<input type="checkbox"/>	"Sub-S" Corp.					<input type="checkbox"/>	Limited Liability Co.					<input type="checkbox"/>	Trust					<input type="checkbox"/>	Other			<p>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>07/01/02</u> to <u>06/30/03</u> and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.</p> <p>Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</p> <table><tr><td rowspan="2">Officer or Administrator of Provider</td><td>(Signed) _____</td><td>(Date) _____</td></tr><tr><td>(Type or Print Name) <u>Thomas L. Noesen</u></td><td></td></tr><tr><td rowspan="5">Paid Preparer</td><td>(Title) <u>Treasurer</u></td><td></td></tr><tr><td>(Signed) _____</td><td>(Date) _____</td></tr><tr><td>(Print Name and Title) _____</td><td></td></tr><tr><td>(Firm Name & Address) _____</td><td></td></tr><tr><td>(Telephone) <u>()</u> Fax # <u>()</u></td><td></td></tr></table> <p>MAIL TO: OFFICE OF HEALTH FINANCE ILLINOIS DEPARTMENT OF PUBLIC AID 201 S. Grand Avenue East Springfield, IL 62763-0001 Phone # (217) 782-1630</p>	Officer or Administrator of Provider	(Signed) _____	(Date) _____	(Type or Print Name) <u>Thomas L. Noesen</u>		Paid Preparer	(Title) <u>Treasurer</u>		(Signed) _____	(Date) _____	(Print Name and Title) _____		(Firm Name & Address) _____		(Telephone) <u>()</u> Fax # <u>()</u>	
<input checked="" type="checkbox"/>	VOLUNTARY, NON-PROFIT	<input type="checkbox"/>	PROPRIETARY	<input type="checkbox"/>	GOVERNMENTAL																																																												
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Facility Name & ID Number Pine Acres Care Center

0039289 Report Period Beginning: 07/01/02 Ending: 06/30/03

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds _____

D. How many bed-hold days during this year were paid by Public Aid?
None (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.
(E.g., day care, "meals on wheels", outpatient therapy)
Staff Food Services

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES ☒ NO ☐

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES ☒ NO ☐

I. On what date did you start providing long term care at this location?
Date started 03/01/1994

J. Was the facility purchased or leased after January 1, 1978?
YES ☒ Date 03/01/1994 NO ☐

K. Was the facility certified for Medicare during the reporting year?
YES ☒ NO ☐ If YES, enter number of beds certified 8 and days of care provided 2,731

Medicare Intermediary Adminastar Federal, Inc.

IV. ACCOUNTING BASIS

ACCUAL ☒ MODIFIED CASH* ☐ CASH* ☐

Is your fiscal year identical to your tax year? YES ☒ NO ☐

Tax Year: 06/30/2003 Fiscal Year: 06/30/2003
* All facilities other than governmental must report on the accrual basis.

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	<u>119</u>	Skilled (SNF)	<u>119</u>	<u>43,435</u>	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	<u>119</u>	TOTALS	<u>119</u>	<u>43,435</u>	7

B. Census-For the entire report period.

	1	2	3	4	5	
	Level of Care	Patient Days by Level of Care and Primary Source of Payment				
		Public Aid Recipient	Private Pay	Other	Total	
8	SNF	<u>14,142</u>	<u>15,071</u>	<u>2,731</u>	<u>31,944</u>	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>14,142</u>	<u>15,071</u>	<u>2,731</u>	<u>31,944</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 73.54%

Facility Name & ID Number Pine Acres Care Center # 0039289 Report Period Beginning: 07/01/02 Ending: 06/30/03
V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass- ification 5	Reclassified Total 6	Adjust- ments 7	Adjusted Total 8	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	A. General Services											
1	Dietary	237,319	8,449	8,117	253,885		253,885		253,885			1
2	Food Purchase		190,982		190,982	125	191,107	(5,648)	185,459			2
3	Housekeeping	61,488	40,427		101,915		101,915		101,915			3
4	Laundry			96,423	96,423		96,423		96,423			4
5	Heat and Other Utilities			82,565	82,565		82,565		82,565			5
6	Maintenance	64,032	20,087	60,519	144,638		144,638		144,638			6
7	Other (specify):*											7
8	TOTAL General Services	362,839	259,945	247,624	870,408	125	870,533	(5,648)	864,885			8
	B. Health Care and Programs											
9	Medical Director			11,515	11,515		11,515		11,515			9
10	Nursing and Medical Records	1,514,106	259,797	76,833	1,850,736	(76,856)	1,773,880		1,773,880			10
10a	Therapy	64,503	2,240	160,784	227,527		227,527		227,527			10a
11	Activities	61,448	3,878	8,148	73,474	15,759	89,233		89,233			11
12	Social Services	27,647	118	4,613	32,378		32,378		32,378			12
13	Nurse Aide Training											13
14	Program Transportation											14
15	Other (specify):*											15
16	TOTAL Health Care and Programs	1,667,704	266,033	261,893	2,195,630	(61,097)	2,134,533		2,134,533			16
	C. General Administration											
17	Administrative	77,444			77,444	140,485	217,929		217,929			17
18	Directors Fees											18
19	Professional Services			449,303	449,303	(205,189)	244,114	(188,540)	55,574			19
20	Dues, Fees, Subscriptions & Promotions			38,479	38,479	631	39,110	(4,602)	34,508			20
21	Clerical & General Office Expenses	132,553	24,259	34,246	191,058	6,209	197,267		197,267			21
22	Employee Benefits & Payroll Taxes			519,841	519,841	34,046	553,887		553,887			22
23	Inservice Training & Education											23
24	Travel and Seminar			4,936	4,936	2,127	7,063		7,063			24
25	Other Admin. Staff Transportation			2,427	2,427	5,096	7,523		7,523			25
26	Insurance-Prop.Liab.Malpractice			83,798	83,798		83,798		83,798			26
27	Other (specify):*											27
28	TOTAL General Administration	209,997	24,259	1,133,030	1,367,286	(16,595)	1,350,691	(193,142)	1,157,549			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	2,240,540	550,237	1,642,547	4,433,324	(77,567)	4,355,757	(198,790)	4,156,967			29

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR OHF USE ONLY		
		Salary/Wage	Supplies	Other	Total					9	10	
	D. Ownership	1	2	3	4	5	6	7	8			
30	Depreciation			199,745	199,745		199,745	(32,196)	167,549			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			87,095	87,095		87,095	(621)	86,474			32
33	Real Estate Taxes											33
34	Rent-Facility & Grounds					87	87		87			34
35	Rent-Equipment & Vehicles			6,167	6,167	(3,735)	2,432		2,432			35
36	Other (specify):*											36
37	TOTAL Ownership			293,007	293,007	(3,648)	289,359	(32,817)	256,542			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers			121	121	80,092	80,213		80,213			39
40	Barber and Beauty Shops	14,009	882		14,891	1,017	15,908		15,908			40
41	Coffee and Gift Shops					106	106		106			41
42	Provider Participation Fee			65,153	65,153		65,153		65,153			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers	14,009	882	65,274	80,165	81,215	161,380		161,380			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	2,254,549	551,119	2,000,828	4,806,496		4,806,496	(231,607)	4,574,889			45

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

VI. ADJUSTMENT DETAIL **A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7.**
In column 2 below, reference the line on which the particular cost was included. (See instructions.)

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	OHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(5,648)	2		4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(32,196)	30		9
10	Interest and Other Investment Income	(621)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt				24
25	Fund Raising, Advertising and Promotional	(4,602)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	Nurse Aide Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule				29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (43,067)		\$	30

OHF USE ONLY							
48		49		50		51	

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)			34
35	Other- Attach Schedule VIII-B	(157,559)	19	35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (157,559)		36
37	(sum of SUBTOTALS TOTAL ADJUSTMENTS (A) and (B))	\$ (200,626)		37

***These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.**

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.		X	\$		38
39			X			39
40	Gift and Coffee Shops	X		106	2	40
41	Barber and Beauty Shops		X			41
42	Laboratory and Radiology		X			42
43	Prescription Drugs	X		80,092	10	43
44	Exceptional Care Program		X			44
45	Other-Attach Schedule		X			45
46	Other-Attach Schedule		X			46
47	TOTAL (C): (sum of lines 38-46)			\$ 80,198		47

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference
1		\$	1
2			2
3			3
4			4
5			5
6			6
7			7
8			8
9			9
10			10
11			11
12			12
13			13
14			14
15			15
16			16
17			17
18			18
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28			28
29			29
30			30
31			31
32			32
33			33
34			34
35			35
36			36
37			37
38			38
39			39
40			40
41			41
42			42
43			43
44			44
45			45
46			46
47			47
48			48
49	Total	0	49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Pine Acres Care Center# 0039289

Report Period Beginning:

07/01/02

Ending:

06/30/03

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(5,648)	0	0	0	0	0	0	0	0	0	0	(5,648)	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	0	0	0	0	0	0	0	0	0	0	5
6	Maintenance	0	0	0	0	0	0	0	0	0	0	0	0	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	(5,648)	0	0	0	0	0	0	0	0	0	0	(5,648)	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	0	0	0	0	0	0	0	0	0	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	Nurse Aide Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	TOTAL Health Care and Programs	0	0	0	0	0	0	0	0	0	0	0	0	16
	C. General Administration													
17	Administrative	0	0	0	0	0	0	0	0	0	0	0	0	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(157,559)	(30,981)	0	0	0	0	0	0	0	0	0	(188,540)	19
20	Fees, Subscriptions & Promotions	(4,602)	0	0	0	0	0	0	0	0	0	0	(4,602)	20
21	Clerical & General Office Expenses	0	0	0	0	0	0	0	0	0	0	0	0	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	0	0	0	0	0	0	0	0	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	0	0	0	0	0	0	0	0	0	0	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	0	0	0	0	0	0	0	0	0	0	0	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	TOTAL General Administration	(162,161)	(30,981)	0	0	0	0	0	0	0	0	0	(193,142)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(167,809)	(30,981)	0	0	0	0	0	0	0	0	0	(198,790)	29

Summary B

06/30/03

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

[illegible]

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
Bensenville Home Society	100	Anchorage of Beecher	Beecher	LIFELINK AREA		INDEPENDENT
Lifelink Corporation (BHS Parent)	100	Anchorage of Bensenville	Bensenville	HOUSING	VARIOUS	LIVING
				BRIDEWAY OF		INDEPENDENT
				BENSENVILLE	BENSENVILLE	LIVING
				LIFELINK CHARITI	BENSENVILLE	FUND RAISING
				LIFELINK SERVICE	BENSENVILLE	PROJ. DEVEL.
				SEE ATTACHED		

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES

☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	19	Management Fees	\$ 82,143	Lifelink Corporation (V.P. Health Care)	100.00%	\$ 53,962	\$ (28,181)	1
2	V	19	Management Fees	5,376	Lifelink Corporation (Pastoral care)	100.00%	5,070	(306)	2
3	V	19	Management Fees	19,129	BHS (Volunteer Coordinator)	100.00%	16,737	(2,392)	3
4	V	19	Management Fees	2,107	BHS (Intergenerational Coordinator)	100.00%	2,005	(102)	4
5	V								5
6	V								6
7	V								7
8	V								8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			\$ 108,755			\$ 77,774	\$ * (30,981)	14

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Pine Acres Care Center # 0039289 Report Period Beginning: 07/01/02 Ending: 06/30/03

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	CARL ZIMMERMAN	PRESIDENT	ADMIN.	NONE	29,915	2.96	7.41	SALARY	\$ 8,147	17-7	1
2	ROBERT LOGSTON	EXEC. VP ADMIN.	ADMIN.	NONE	29,915	2.96	7.41	SALARY	8,147	17-7	2
3	JAMES FORMAL	VP HEALTH CARE	ADMIN-HEALTH	NONE	77,000	12	30.00	SALARY	33,000	17-7	3
4	THOMAS NOESEN	VP FIN/TREASURE	ACCT/FINANCE	NONE	29,915	2.96	7.41	SALARY	8,147	17-7	4
5	ALLEN S. GABRYS	CONTROLLER	ACCT/FINANCE	NONE	22,241	2.96	7.41	SALARY	6,057	17-7	5
6	THOMAS KISER	VP SUPP. SERV.	SUPP. SERV.	NONE	29,915	2.96	7.41	SALARY	8,147	17-7	6
7	PAMELA JONES	DIR. - VOL.. SERV.	RECRUIT/PLACM	NONE	24,631	10	25.00	SALARY	10,263	17-7	7
8	DONALD PRIMDAHL	DIR. - BUDGETING	BDGT/GOVT. RE	NONE	25,615	2.96	7.41	SALARY	6,976	17-7	8
9	JANET HISBON	DIR. - PAST. CARE	SPRITUAL SERV	NONE	25,496	2	5.00	SALARY	2,161	17-7	9
10	KATHLEEN SCHUPBACH	DIR. - HUMAN RES	PERSONNEL	NONE	14,915	2.96	7.41	SALARY	4,062	17-7	10
11	ROBIN MCBROOM	INTERGEN. COORD.	ACTIVITIES	NONE	2,556	2	5.00	SALARY	1,278	17-7	11
12											12
13								TOTAL	\$ 96,385		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

Facility Name & ID Number Pine Acres Care Center # 0039289 Report Period Beginning: 07/01/02 Ending: 06/30/03

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☒ NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization LIFELINK CORPORATION
Street Address 331 S. YORK ROAD
City / State / Zip Code BENSENVILLE, IL. 60106
Phone Number (630) 521-8034
Fax Number (630) 521-8067

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	17	ADMINISTRATION	DIRECT PROG. COST	65,437,039	12	\$ 1,359,594	\$ 1,359,594	4,846,697	\$ 100,700	1
2	19	PROFESSIONAL SERVICES	DIRECT PROG. COST	65,437,039	12	288,168		4,846,697	21,344	2
3	20	FEES, SUBSCRIPTIONS, PROM	DIRECT PROG. COST	65,437,039	12	7,710		4,846,697	571	3
4	21	GEN. OFFICE EXPENSE	DIRECT PROG. COST	65,437,039	12	47,631		4,846,697	3,528	4
5	22	EMP. TAXES & BENEFITS	DIRECT PROG. COST	65,437,039	12	284,018		4,846,697	21,036	5
6	24	TRAVEL & SEMINARS	DIRECT PROG. COST	65,437,039	12	13,798		4,846,697	1,022	6
7	25	OTHER STAFF TRANS.	DIRECT PROG. COST	65,437,039	12	27,689		4,846,697	2,051	7
8	35	RENTAL EQUIPMENT	DIRECT PROG. COST	65,437,039	12	1,945		4,846,697	144	8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 2,030,553	\$ 1,359,594		\$ 150,396	25

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	1	2		3	4	5	6		7	8	9	10					
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note				Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense				
		YES	NO				Original		Balance								
	A. Directly Facility Related Long-Term																
1			X	Refinance Mortgage and	***	***	\$	***		\$	***		***	***	\$	87,095	1
2				Capital Projects													2
3																	3
4																	4
5																	5
	Working Capital																
6																	6
7																	7
8																	8
9	TOTAL Facility Related						\$			\$					\$	87,095	9
	B. Non-Facility Related*																
10																	10
11																	11
12				*** See Attached													12
13																	13
14	TOTAL Non-Facility Related						\$			\$					\$		14
15	TOTALS (line 9+line14)						\$			\$					\$	87,095	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 0 Line #

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7.
(See instructions.)

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2.
(See instructions.)

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

<div>Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.</div>			
1. Real Estate Tax accrual used on 2002 report.		\$	0
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)		\$	0
3. Under or (over) accrual (line 2 minus line 1).		\$	
4. Real Estate Tax accrual used for 2003 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	0
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)		\$	0
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ For Tax Year. (Attach a copy of the real estate tax appeal board's decision.)		\$	0
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$	0
Real Estate Tax History:			
Real Estate Tax Bill for Calendar Year:	1998	0	8
	1999	0	9
	2000	0	10
	2001	0	11
	2002	0	12
		FOR OHF USE ONLY	
		13	FROM R. E. TAX STATEMENT FOR 2002 \$ 13
		14	PLUS APPEAL COST FROM LINE 5 \$ 14
		15	LESS REFUND FROM LINE 6 \$ 15
		16	AMOUNT TO USE FOR RATE CALCULATION \$ 16

- NOTES:
1. Please indicate a negative number by use of brackets(). Deduct any overaccrual of taxes from prior year.

2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.
This denial must be no more than four years old at the time the cost report is filed.

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates RE: 2002 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2002 real estate tax costs, as well as copies of your real estate tax bills for calendar 2002.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2002 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2003 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Office of Health Finance at (217) 782-1630.

2002 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Pine Acres Care Center COUNTY De Kalb

FACILITY IDPH LICENSE NUMBER 0039289

CONTACT PERSON REGARDING THIS REPORT Donald H. Primdahl

TELEPHONE 630-521-8034 FAX #: 630-521-8067

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2002 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2002.

(A)	(B)	(C)	(D)
			Tax
Tax Index Number	Property Description	Total Tax	Applicable to Nursing Home
1.		\$	\$
2.	N/A	\$	\$
3.		\$	\$
4.		\$	\$
5.		\$	\$
6.		\$	\$
7.		\$	\$
8.		\$	\$
9.		\$	\$
10.		\$	\$
TOTALS		\$	\$

B. Real Estate Tax Cost Allocations

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? YES NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. Tax Bills

Attach a copy of the 2002 tax bills which were listed in Section A to this statement. Be sure to use the 2002 tax bill which is normally paid during 2003.

A. Square Feet:

37,295

B. General Construction Type:

Exterior

Brick

Frame

Number of Stories

1

C. Does the Operating Entity?

☒

(a) Own the Facility

☐

(b) Rent from a Related Organization.

☐

(c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity?

☒

(a) Own the Equipment

☐

(b) Rent equipment from a Related Organization.

☐

(c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, nurse aide training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

F. Does this cost report reflect any organization or pre-operating costs which are being amortized?

☐

YES

☒

NO

If so, please complete the following:

1. Total Amount Incurred:

2. Number of Years Over Which it is Being Amortized:

3. Current Period Amortization:

4. Dates Incurred:

Nature of Costs:

(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.					
	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	Long Term Care	126,760	1994	\$ 300,000	1
2					2
3	TOTALS	126,760		\$ 300,000	3

Facility Name & ID Number Pine Acres Care Center

0039289

Report Period Beginning:

07/01/02

Ending:

06/30/03

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	119		1994	1968	\$ 2,500,000	\$ 100,000	35	\$ 71,429	\$ (28,571)	\$ 666,670	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	1985 ADMIN. BLDG, RENOVATION			1985	128,536	3,213	40	3,213		89,116	9
10	1986 ADMIN. BLDG, RENOVATION			1986	9,904	248	40	248		6,427	10
11	HOT WATER HEATER			1994	3,432	343	10	343		3,060	11
12	WATER CONDITIONER			1994	6,813	682	10	682		6,075	12
13	(5) AIR TERMINAL UNITS			1994	9,375	937	10	937		8,125	13
14	TILE FLOORING FOR ROOMS			1995	9,074	907	10	907		8,747	14
15	(2) BOILER AIR DAMPERS			1995	28,538	2,854	20	1,427	(1,427)	12,129	15
16	REMODEL COMMON AREA			1995	12,822	1,282	8	1,603	321	13,358	16
17	RUBBER ROOF - KITCHEN			1995	19,134	1,913	10	1,913		15,785	17
18	1.25 HP DISPOSAL			1995	1,093		10	109	109	945	18
19	MASONRY REPAIR TO EXTERIOR WALLS			1996	5,600	187	30	187		1,338	19
20	(7) WALL UNITS			1996	8,500	850	10	850		6,233	20
21	RESURFACE PARKING LOT			1996	8,891	889	10	889		5,779	21
22	ROOF REPAIRS			1996	9,620	320	30	320		2,164	22
23	REMODLE ROOMS 121 AND 123			1997	9,985	333	30	333		2,164	23
24	REMODLE FRONT FOYER AND RECEPTION AREA			1997	13,985	466	30	466		3,030	24
25	REMODLE ROOMS 25,26 AND 35			1997	18,530	618	30	618		4,015	25
26	REMODLE BATH AREAS			1997	12,822	1,282	10	1,282		8,334	26
27	REMODLE STAFF LOUNGE			1997	18,635	621	30	621		3,416	27
28	INSTALL GARBAGE ENCLOSURE			1997	4,873	487	10	487		2,883	28
29	INSTALL DOMESTIC WATER			1998	7,800	260	10	260		1,430	29
30	REPLACE (23) VANITIES W/SINKS			1998	18,500	1,850	10	1,850		9,863	30
31	ROOF ADDITION			1999	88,173	2,939	30	2,939		12,001	31
32	NEW CARPETING			1999	18,018	1,802	10	1,802		7,508	32
33	(9) HEATING / AC WALL UNITS			1999	13,692	1,369	10	1,369		5,591	33
34	NEW CARPETING			1999	2,217	222	10	222		850	34
35	RENOVATE HALLWAY			1999	3,214	322	10	322		1,286	35
36	HEAT TAPE GUTTERS			1999	1,650	165	10	165		591	36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

See Page 12A, Line 70 for total

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	(40) HEAT VALVES FOR BOILER	2000	\$ 4,800	\$ 480	10	\$ 480	\$	\$ 1,640	37
38	(5) HEAT VALVES FOR BOILER	2000	1,660	166	10	166		526	38
39	ROOF REPAIRS	2000	5,510	276	20	276		758	39
40	STORAGE SHED	2001	10,193	1,019	10	1,019		2,293	40
41	3 TON ROOF TOP SYSTEM	2001	17,237	1,724	10	1,724		3,735	41
42	SECURITY DOOR ALARM	2001	8,295	830	10	830		1,733	42
43	COURTYARD ASPHALT REPAIRS	2001	6,561	656	10	656		1,148	43
44	INSTALL (2) HOT WATER TANKS	2001	4,573	457	10	457		800	44
45	ROOF REPLACEMENT	2002	39,420	3,942	30	1,314	(2,628)	1,533	45
46	FLOOR REPAIR - ROOM 13	2002	2,092	227	10	227		227	46
47	GUARD RAILS	2002	1,418	130	10	130		130	47
48	CARPETING	2002	8,109	473	10	473		473	48
49	HALL REMODELING	2003	20,678	517	10	517		517	49
50	DOWN SPOUTS	2003	1,000	17	10	17		17	50
51									51
52									52
53									53
54									54
55									55
56									56
57									57
58									58
59									59
60									60
61									61
62									62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 3,124,972	\$ 138,275		\$ 106,079	\$ (32,196)	\$ 924,443	70

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 238,399	\$ 59,436	\$ 59,436	\$	5 TO 10	\$ 132,737	71
72	Current Year Purchases	39,840	2,034	2,034		5 TO 10	2,034	72
73	Fully Depreciated Assets	500,000				5 TO 10	500,000	73
74								74
75	TOTALS	\$ 778,239	\$ 61,470	\$ 61,470	\$		\$ 634,771	75

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	N/A			\$	\$	\$	\$		\$	76
77										77
78										78
79										79
80	TOTALS			\$	\$	\$	\$		\$	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 4,203,211	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 199,745	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 167,549	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (32,196)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 1,559,214	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86	N/A	\$	\$	\$	86
87					87
88					88
89					89
90					90
91	TOTALS	\$	\$	\$	91

G. Construction-in-Progress

	Description	Cost	
92		\$	92
93			93
94			94
95		\$	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A
2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?
If NO, see instructions. ☐ YES ☐ NO

		1 Year Constructed	2 Number of Beds	3 Date of Lease	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5								5
6								6
7	TOTAL				\$			7

8. List separately any amortization of lease expense included on page 4, line 34.
This amount was calculated by dividing the total amount to be amortized
by the length of the lease .
9. Option to Buy: ☐ YES ☐ NO Terms: *

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental? ☐ YES ☒ NO
16. Rental Amount for movable equipment: \$ 6,167 Description: See Attached
(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			\$	\$	17
18					18
19					19
20					20
21	TOTAL		\$	\$	21

10. Effective dates of current rental agreement:

Beginning
Ending

11. Rent to be paid in future years under the current rental agreement:

	Fiscal Year Ending	Annual Rent
12.	/2004	\$
13.	/2005	\$
14.	/2006	\$

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

A. TYPE OF TRAINING PROGRAM (If aides are trained in another facility program, attach a schedule listing the facility name, address and cost per aide trained in that facility.)

1. HAVE YOU TRAINED AIDES DURING THIS REPORT PERIOD?

☐ YES

☒ NO

If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

We hire only certified nursing assistants.

2. CLASSROOM PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

COMMUNITY COLLEGE

HOURS PER AIDE

3. CLINICAL PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

HOURS PER AIDE

B. EXPENSES

		ALLOCATION OF COSTS		(d)	
		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	Nurse Aide Competency Tests				
9	TOTALS	\$	\$	\$	\$
10	SUM OF line 9, col. 1 and 2 (e)	\$			

- (a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
- (b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
- (c) For in-house training programs only. Do not include fringe benefits.
- (d) Allocate based on if the aide is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own aides.

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training aides from other facilities.

\$

D. NUMBER OF AIDES TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

- (e) The total amount of Drop-out and Completed Costs for your own aides must agree with Sch. V, line 13, col. 8.
- (f) Attach a schedule of the facility names and addresses of those facilities for which you trained aides.

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

		1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	10a	hrs	\$		\$ 44,124	\$ 102		\$ 44,226	1
2	Licensed Speech and Language Development Therapist	10a	hrs			1,646	15		1,661	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	10a	hrs			41,654	2,123		43,777	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy		# of prescripts							9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program									12
13	Other (specify): Medicare Therapy	10a				71,216			71,216	13
14	TOTAL			\$		\$ 158,640	\$ 2,240		\$ 160,880	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as nurse aides, who help with the above activities should not be listed on this schedule.

This report must be completed even if financial statements are attached.

		1	2	
		Operating	After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 37,085	\$ 64,558	1
2	Cash-Patient Deposits		193,962	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 237,490)	315,380	2,207,963	3
4	Supply Inventory (priced at Cost)	24,046	60,483	4
5	Short-Term Investments		112,130	5
6	Prepaid Insurance	34,475	290,829	6
7	Other Prepaid Expenses		449,285	7
8	Accounts Receivable (owners or related parties)	501,577	5,446,783	8
9	Other(specify): Grant Rec.	16,500	128,559	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 929,063	\$ 8,954,552	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		921,501	13
14	Buildings, at Historical Cost		22,751,133	14
15	Leasehold Improvements, at Historical Cost		702,333	15
16	Equipment, at Historical Cost		5,548,604	16
17	Accumulated Depreciation (book methods)		(16,409,692)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): See Attached		5,474,649	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$	\$ 18,988,528	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 929,063	\$ 27,943,080	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 124,492	\$ 2,245,669	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	6,503	216,590	28
29	Short-Term Notes Payable	12,253	502,400	29
30	Accrued Salaries Payable	21,605	121,682	30
31	Accrued Taxes Payable (excluding real estate taxes)	1,410	9,691	31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	<u>Due to Affiliated Corp</u>	156,790	17,897,568	36
37	<u>Deferred Revenue</u>		390,368	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 323,053	\$ 21,383,968	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable		454,770	39
40	Mortgage Payable			40
41	Bonds Payable		14,724,621	41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$	\$ 15,179,391	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 323,053	\$ 36,563,359	46
47	TOTAL EQUITY(page 18, line 24)	\$ 606,010	\$ (8,620,279)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 929,063	\$ 27,943,080	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 703,779	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 703,779	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(57,568)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe) None allowable costs excluded	(78,455)	15
16	Other (describe)	38,254	16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (97,769)	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 606,010	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Pine Acres Care Center

0039289

Report Period Beginning: 07/01/02

Ending: 06/30/03

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.**Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.**

1

	Revenue	Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	\$ 5,039,024	1
2	Discounts and Allowances for all Levels	(1,051,563)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 3,987,461	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	653,582	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 653,582	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants	100,500	10
11	Nurses Aide Training Reimbursements		11
12	Gift and Coffee Shop	106	12
13	Barber and Beauty Care		13
14	Non-Patient Meals	5,648	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 106,254	23
	D. Non-Operating Revenue		
24	Contributions	1,010	24
25	Interest and Other Investment Income***	621	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 1,631	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28			28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 4,748,928	30

2

	Expenses	Amount	
	A. Operating Expenses		
31	General Services	870,408	31
32	Health Care	2,195,630	32
33	General Administration	1,367,286	33
	B. Capital Expense		
34	Ownership	293,007	34
	C. Ancillary Expense		
35	Special Cost Centers	15,012	35
36	Provider Participation Fee	65,153	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 4,806,496	40
41	Income before Income Taxes (line 30 minus line 40)**	(57,568)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (57,568)	43

* This must agree with page 4, line 45, column 4.

** Does this agree with taxable income (loss) per Federal Income Tax Return? No If not, please attach a reconciliation.

*** See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.

****Provide a detailed breakdown of "Other Revenue" on an attached sheet.

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)
(This schedule must cover the entire reporting period.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	1,957	2,080	\$ 65,784	\$ 31.63	1
2	Assistant Director of Nursing					2
3	Registered Nurses	15,063	17,317	429,778	24.82	3
4	Licensed Practical Nurses	14,129	15,658	314,139	20.06	4
5	Nurse Aides & Orderlies	59,112	66,951	768,908	11.48	5
6	Nurse Aide Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	1,865	2,079	27,425	13.19	9
10	Activity Assistants	1,880	2,113	34,023	16.10	10
11	Social Service Workers	1,939	2,080	27,647	13.29	11
12	Dietician					12
13	Food Service Supervisor	1,928	2,080	32,612	15.68	13
14	Head Cook					14
15	Cook Helpers/Assistants	22,117	24,225	204,707	8.45	15
16	Dishwashers					16
17	Maintenance Workers	3,552	4,012	64,032	15.96	17
18	Housekeepers	5,480	6,209	61,488	9.90	18
19	Laundry					19
20	Administrator	1,840	2,080	77,444	37.23	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager	1,324	1,360	29,670	21.82	23
24	Clerical	6,752	7,400	67,997	9.19	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	1,902	2,153	34,886	16.20	31
32	Other Health Care(specify)					32
33	Other(specify) <u>Beautician</u>	1,344	1,443	14,009	9.71	33
34	TOTAL (lines 1 - 33)	142,184	159,240	\$ 2,254,549 *	\$ 14.16	34

* This total must agree with page 4, column 1, line 45.

** See instructions.

B. CONSULTANT SERVICES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	218	\$ 5,981	1-3	35
36	Medical Director	132	10,750	9-3	36
37	Medical Records Consultant	16	1,020	10-3	37
38	Nurse Consultant				38
39	Pharmacist Consultant				39
40	Physical Therapy Consultant	24	1,182	10a-3	40
41	Occupational Therapy Consultant	17	836	10a-3	41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant	3	126	10a-3	43
44	Activity Consultant	48	2,640	11-3	44
45	Social Service Consultant	28	1,470	12-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	486	\$ 24,005		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	71	\$ 2,788		50
51	Licensed Practical Nurses	945	36,477		51
52	Nurse Aides				52
53	TOTAL (lines 50 - 52)	1,015	\$ 39,265		53

Facility Name & ID Number **Pine Acres Care Center**

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions			
Name	Function	Ownership %	Amount	Description		Amount	Description		Amount	
Dalena Kemna-Kahn	Administrator	0	\$ 77,444	Workers' Compensation Insurance		\$ 47,312	IDPH License Fee		\$	
				Unemployment Compensation Insurance		21,437	Advertising: Employee Recruitment		18,015	
				FICA Taxes		165,588	Health Care Worker Background Check			
				Employee Health Insurance		249,931	(Indicate # of checks performed 98)		686	
				Employee Meals			Subscriptions / Reference Pub.		2,936	
				Illinois Municipal Retirement Fund (IMRF)*			Association Dues		12,240	
				Life Ins. / Disability Ins.		10,865	Public Relations		4,602	
				Pension (TSA)		12,869	Allocation Schedule VII-B		67	
				Staff Medical Exams		8,704	Allocation Schedule VIII-B		571	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)				Employee Relations / Tuition		3,135	Reclass Beauty Shop		(7)	
				Reclass Beauty Shop		(1,010)	Less: Public Relations Expense		(4,602)	
				Allocation Schedule VII-B		14,020	Non-allowable advertising		()	
				Allocation Schedule VIII-B		21,036	Yellow page advertising		()	
				TOTAL (agree to Schedule V, line 22, col.8)		\$ 553,887	TOTAL (agree to Sch. V, line 20, col. 8)		\$ 34,508	
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**			
Description			Amount	Description		Line #	Amount	Description		Amount
N/A			\$	NONE				Out-of-State Travel		\$
								In-State Travel		
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$					Seminar Expense		4,936
C. Professional Services								Allocation Schedule VII-B		1,105
Vendor/Payee	Type		Amount					Allocation Schedule VIII-B		1,022
Lifelink Corporation	Mgmt. Fee		\$ 108,755							
Lifelink Corporation	Data processing		25,803					Entertainment Expense		()
Lifelink Corp. & BHS	Allocated G & A		307,955					(agree to Sch. V, line 24, col. 8)		
Reingruber & Company	Medicare Consultant		3,432					TOTAL		\$ 7,063
American Express	Business Consultant		3,358							
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed \$2500 attach copy of invoices.)			\$ 449,303	TOTAL		\$				

*** Attach copy of IMRF notifications**

****See instructions.**

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).

[illegible]

Facility Name & ID Number Pine Acres Care Center

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? NO
- (2) Are there any dues to nursing home associations included on the cost report? YES
If YES, give association name and amount. LSN/AAHSA \$4,148
- (3) Did the nursing home make political contributions or payments to a political action organization? NO If YES, have these costs been properly adjusted out of the cost report? _____
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? NO If YES, what is the capacity? _____
- (5) Have you properly capitalized all major repairs and equipment purchases? YES
What was the average life used for new equipment added during this period? 5-10 YRS
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 621 Line 10-2
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? YES If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? NO
If YES, give effective date of lease. _____
- (9) Are you presently operating under a sublease agreement? _____ YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES _____ NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department of Public Aid during this cost report period. \$ 65,153
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? NO If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department of Public Aid, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? YES
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? NO For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 0 Has any meal income been offset against related costs? NO Indicate the amount. \$ 0
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? NO
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? NO If YES, please indicate the amount of income earned from such a program during this reporting period. \$ _____
c. What percent of all travel expense relates to transportation of nurses and patients? NONE
d. Have vehicle usage logs been maintained? YES
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? YES
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? YES
g. Does the facility transport residents to and from day training? NO
Indicate the amount of income earned from providing such transportation during this reporting period. \$ _____
- (17) Has an audit been performed by an independent certified public accounting firm? YES
Firm Name: KPMG The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? NO If no, please explain. AUDIT HAS NOT BEEN ISSUED
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? YES
- (19) If total legal fees are in excess of \$2500, have legal invoices and a summary of services performed been attached to this cost report? YES
Attach invoices and a summary of services for all architect and appraisal fees.

DESCRIPTION OF LINE 25, SCHEDULE V:

NAME	JOB TITLE	COST	DESCRIPTION
FRANK ANTONETTI	BUSINESS OFFICE COORD.	112.00	TRAINING AT CORPORATE OFFICE
KAREN DENECKE	BUSINESS OFFICE COORD.	205.00	TO CORPORATE OFFICE
JAMES STAMPER	DIRECTOR OF I.S.	73.00	I.T. VISIT TO FACILITY
SHANNON SPEARS	CARE PLAN COORDINATOR	142.00	TO CORPORATE OFFICE
JANET SMITH	DIR. SOCIAL SERVICES	364.00	FACILITY ERRANDS (PICK-UP DOCUMENTS)
SANDRA LEDESMA	SOCIAL SERVICE ASSISTANT	18.00	FACILITY ERRANDS (PICK-UP DOCUMENTS)
ALLIE WILLIAMSON	ACTIVITY DIRECTOR	208.00	FACILITY ERRANDS (MISC.)
KATHRYN MC GRATH	C.N.A.	60.00	TO CORPORATE OFFICE
BILL FINNEY	MAINTENANCE DIR.	717.00	FACILITY ERRANDS (MISC.)
SUSAN HORNER	DIR. OF NURSING	19.00	SCREEN PROSPECTIVE ADMINS.
SUSAN HORNER	DIR. OF NURSING	106.00	CORPORATE MEETINGS
TONI HAYES	CARE PLAN COORDINATOR	42.00	CORPORATE MEETINGS
DARLYN LAIRD	REHAB. SUPERVISOR	361.00	CORPORATE MEETINGS
		<u>2,427.00</u>	

DESCRIPTION OF LINE 24, SCHEDULE V:

NAME	JOB TITLE	DATE	LOCATION	SEM. TITLE	SPONSOR	COST
BILL FINNEY	MAINTENANCE DIR.	8/1/-8/2/02	CHICAGO	ESSENTIALS OF SAFTY I	AMERICAN SAFTY TRAINING	465.00
SUE HORNER	DIR. OF NURSING	12/4-12/6/02	GALENA	PAINTING A CULTURE OF CHANGE		525.00
DALENA KEMNA-KAHN ALLIE WILLIAMSON JANET SMITH	ADMINISTRATOR ACTIVITY DIRECTOR DIR. SOCIAL SERVICES	2/18/2003	SCHAUMBURG	INTERVENTION FOR PROBLEM BEHAVIORS IN OLDER ADULTS	CROSS COUNTRY UNIVERSITY	417.00
DALENA KEMNA-KAHN SUE HORNER	ADMINISTRATOR DIR. OF NURSING	2/25/2003	NAPERVILLE	HIPPA COMPLIANCE	HIPAA	380.12
DARLYN LAIRD	REHAB. SUPERVISOR	3/6-4/3/03	RIVER GROVE	REHABILITATION CURRENT TRENDS & PRACTICES	TRITON COLLEGE	350.00
DELANA KEMNA-KAHN SUE HORNER SHIRLEY QUEST SHANNON SPEARS KAREN DENECKE	ADMINISTRATOR DIR. OF NURSING ASSISTANT D.O.N. CARE PLAN COOR.	4/9-4/12/03	CHICAGO	LSN CONFERENCE	LSN	1,161.45
ALL OTHER SEMINARS LESS THAN \$250.00:						1,637.03
ALLOCATED COSTS - SCHEDULE VII B:						1,105.00
ALLOCATED COSTS - SCHEDULE VIII B:						1,022.00
SUB-TOTAL						7,062.60
OUT OF STATE SEMINARS/CONFERENCES						
TOTAL						7,062.60

FACILITY ID#: 0039289

FACILITY NAME: PINE ACRES CARE CENTER
A FACILITY OF THE BENSENVILLE HOME SOCIETY

REPORT PERIOD: 07/01/02 - 06/30/03

SCHEDULE V

RECLASSIFICATIONS AND ADJUSTMENTS			
1. LINE 10 NURSING & RECORD KEEPING	3,236		
LINE 11 ACTIVITIES	99		
LINE 21 CLERICAL & GENERAL OFFICE	544		
LINE 35 RENT - EQUIPMENT		3,879	
TO RECLASSIFY RENTAL EQUIPMENT TO PROPER ACCOUNTS PER SCHEDULE XII B #16.			
2. LINE 2 FOOD PURCHASES	231		
LINE 11 ACTIVITIES	15,660		
LINE 17 ADMINISTRATIVE	39,785		
LINE 19 PROFESSIONAL SERVICES		76,137	
LINE 20 FEES, SUBSCRIPTIONS, PROM.	67		
LINE 21 CLERICAL & GENERAL OFFICE	2,137		
LINE 22 EMPLOYMENT BENEFITS & TAXES	14,020		
LINE 24 TRAVEL & SEMINARS	1,105		
LINE 25 OTHER STAFF TRANSPORTATION	3,045		
LINE 34 RENT- FACILITY & GROUNDS	87		
TO RECLASSIFY MANAGEMENT FEES FROM PROFESSIONAL SERVICES TO PROPER ACCOUNTS			
4. LINE 41 GIFT & COFFEE SHOP	106		
LINE 2 FOOD PURCHASES		106	
TO RECLASSIFY COFFEE SHOP EXPENSES			
5. LINE 40 BARBER & BEAUTY SHOP	1,017		
LINE 20 FEES, SUBSCRIPTIONS, PROM.		7	
LINE 22 EMPLOYMENT BENEFITS & TAXES		1,010	
TO RECLASSIFY COST RELATED TO OPERATION OF BEAUTY SHOP.			
6. LINE 39 ANCILLARY SERVICE CENTER	80,092		
LINE 10 NURSING & RECORD KEEPING		80,092	
TO RECLASSIFY PRIVATE PAY DRUGS TO SECTION I			
7. LINE 17 ADMINISTRATIVE	100,700		
LINE 19 PROFESSIONAL SERVICES		129,052	
LINE 20 FEES, SUBSCRIPTIONS, PROM.	571		
LINE 21 CLERICAL & GENERAL OFFICE	3,528		
LINE 22 EMPLOYMENT BENEFITS & TAXES	21,036		
LINE 24 TRAVEL & SEMINARS	1,022		
LINE 25 OTHER STAFF TRANSPORTATION	2,051		
LINE 35 RENT- EQUIPEMENT AND VEHICLES	144		
TO RECLASSIFY ALLOCATED MANAGEMENT AND GENERAL COSTS FROM PROFESSIONAL SERVICES TO PROPER ACCOUNTS			

RECAP ABOVE ENTRIES			
LINE 2 FOOD PURCHASES	125		
LINE 10 NURSING & RECORD KEEPING		76,856	
LINE 11 ACTIVITIES	15,759		
LINE 17 ADMINISTRATIVE	140,485		
LINE 19 PROFESSIONAL SERVICES		205,189	
LINE 20 FEES, SUBSCRIPTIONS, PROM.	631		
LINE 21 CLERICAL & GENERAL OFFICE	6,209		
LINE 22 EMPLOYMENT BENEFITS & TAXES	34,046		
LINE 24 TRAVEL & SEMINARS	2,127		
LINE 25 OTHER STAFF TRANSPORTATION	5,096		
LINE 34 RENT- FACILITY & GROUNDS	87		
LINE 35 RENT - EQUIPMENT		3,735	
LINE 39 ANCILLARY SERVICE CENTER	80,092		
LINE 40 BARBER & BEAUTY SHOP	1,017		
LINE 41 GIFT & COFFEE SHOP	106		

XII B. # 16 EQUIPMENT RENTAL (PAGE14)

1. AIRGAS, INC.		
HAZMAT	\$15.84	
HELIUM	<u>\$83.25</u>	\$99.09
2. ARCH COMMUNICATIONS/WIRELESS		
ADMINISTRATION	\$114.16	
FOOD SERVICE	\$47.08	
MAINTENANCE	\$48.18	
NURSING	<u>\$334.48</u>	\$543.90
3. DAVE'S SHARP-ALL SHOP		
KNIVES		\$365.65
4. DEPENDICARE HOME HEALTH		
E TANK CART & REG SYC ASSY		\$216.00
5. HEALTH UNITS		
MICROAIR 3500S MATTRESS		\$680.00
MIDWEST MEDICAL SERVICE		
CONCENTRATOR		\$2,340.00
6. PITNEY BOWES		
MAILING MACHINE		\$477.24
7. SISLER'S ICE & DAIRY		
ICE MACHINE		\$930.00
9. STA-KLEEN		
BAFFLE		\$515.00
	<u><u>\$6,166.88</u></u>	

BENSENVILLE HOME SOCIETY
INDIRECT COSTS
SCHEDULE VIII-B
6/30/2003

RECAP

LINE#	DESCRIPTION	0014258	0033803	0039289
		ANCHORAGE OF BENSENVILLE	ANCHORAGE BEECHER	PINE ACRES CARE CENTER
2	FOOD PURCHASES	-	-	-
17	ADMINISTRATIVE	265,130	104,620	100,700
19	PROFESSIONAL SERVICES	56,195	22,174	21,344
20	FEES, SUBSCRIPTIONS, PROM.	1,504	593	571
21	GENERAL OFFICE EXPENSE	9,288	3,665	3,528
22	EMPLOYMENT BENEFITS & TX.	55,386	21,855	21,036
24	TRAVEL AND SEMINARS	2,691	1,062	1,022
25	OTHER STAFF TRANSPORT.	5,400	2,131	2,051
26	INSURANCE	-	-	-
34	RENT-FACILITIES & GROUND	-	-	-
35	RENTAL EQUIPMENT	379	150	144
TOTAL		395,972	156,249	150,396
ALLOCATION		19.50%	7.69%	7.41%

LINE#	DESCRIPTION	LIFELINK ADMINISTRATION (010)			LIFELINK BOARD & CORPORATE (020)		
		TOTAL	DIS-ALLOWED	ALLOWED	TOTAL	DIS-ALLOWED	ALLOWED
2	FOOD PURCHASES	928	928	-	-	-	-
17	ADMINISTRATIVE	591,462	105,572	485,890	-	-	-
19	PROFESSIONAL SERVICES	56,928	56,928	-	9,845	-	9,845
20	FEES, SUBSCRIPTIONS, PROM.	2,898	1,260	1,638	-	-	-
21	GENERAL OFFICE EXPENSE	4,568	-	4,568	385	-	385
22	EMPLOYMENT BENEFITS & TX.	118,393	21,132	97,261	-	-	-
24	TRAVEL AND SEMINARS	19,529	6,052	13,477	20	20	-
25	OTHER STAFF TRANSPORT.	17,682	-	17,682	-	-	-
26	INSURANCE	-	-	-	1,220	1,220	-
34	RENT-FACILITIES & GROUND	37,068	37,068	-	-	-	-
35	RENTAL EQUIPMENT	1,262	-	1,262	-	-	-
TOTAL		850,718	228,940	621,778	11,470	1,240	10,230
LINE#	DESCRIPTION	LIFELINK BUSINESS OFFICE (030)			LIFELINK SUPPORT SERVICES (080)		
		TOTAL	DIS-ALLOWED	ALLOWED	TOTAL	DIS-ALLOWED	ALLOWED
2	FOOD PURCHASES	114	114	-	-	-	-
17	ADMINISTRATIVE	582,203	16,415	565,788	149,963	10,528	139,435
19	PROFESSIONAL SERVICES	176,324	8841	167,483	1,553	1,553	-
20	FEES, SUBSCRIPTIONS, PROM.	3,821	495	3,326	1,619	229	1,390
21	GENERAL OFFICE EXPENSE	24,008	-	24,008	1,568	-	1,568
22	EMPLOYMENT BENEFITS & TX.	96,406	2,718	93,688	36,115	-	36,115
24	TRAVEL AND SEMINARS	3,414	3,093	321	2,184	2,184	-
25	OTHER STAFF TRANSPORT.	5,207	-	5,207	4,800	-	4,800
26	INSURANCE	-	-	-	-	-	-
34	RENT-FACILITIES & GROUND	68,400	68,400	-	11,460	11,460	-
35	RENTAL EQUIPMENT	301	-	301	11	-	11
TOTAL		960,198	100,076	860,122	209,273	25,954	183,319
LINE#	DESCRIPTION	LIFELINK MATERIALS HANDLING (110)			LIFELINK HUMAN RESOURCES (120)		
		TOTAL	DIS-ALLOWED	ALLOWED	TOTAL	DIS-ALLOWED	ALLOWED
2	FOOD PURCHASES	30	30	-	3	3	-
17	ADMINISTRATIVE	61,678	-	61,678	106,803	-	106,803
19	PROFESSIONAL SERVICES	6,088	-	6,088	36,487	2,763	33,724
20	FEES, SUBSCRIPTIONS, PROM.	733	-	733	623	-	623
21	GENERAL OFFICE EXPENSE	3,377	-	3,377	13,720	-	13,720
22	EMPLOYMENT BENEFITS & TX.	25,075	-	25,075	31,879	-	31,879
24	TRAVEL AND SEMINARS	-	-	-	-	-	-
25	OTHER STAFF TRANSPORT.	-	-	-	-	-	-
26	INSURANCE	-	-	-	-	-	-
34	RENT-FACILITIES & GROUND	960	960	-	26,724	26,724	-
35	RENTAL EQUIPMENT	69	-	69	302	-	302
TOTAL		98,010	990	97,020	216,541	29,490	187,051
LINE#	DESCRIPTION	BHS BOARD & CORPORATE (020)			GRAND TOTAL		
		TOTAL	DIS-ALLOWED	ALLOWED	TOTAL	DIS-ALLOWED	ALLOWED
2	FOOD PURCHASES	-	-	-	1,075	1,075	-
17	ADMINISTRATIVE	-	-	-	1,492,109	132,515	1,359,594
19	PROFESSIONAL SERVICES	71,028	-	71,028	358,253	70,085	288,168
20	FEES, SUBSCRIPTIONS, PROM.	-	-	-	9,694	1,984	7,710
21	GENERAL OFFICE EXPENSE	5	-	5	47,631	-	47,631
22	EMPLOYMENT BENEFITS & TX.	-	-	-	307,868	23,850	284,018
24	TRAVEL AND SEMINARS	-	-	-	25,147	11,349	13,798
25	OTHER STAFF TRANSPORT.	-	-	-	27,689	-	27,689
26	INSURANCE	1,220	1,220	-	2,440	2,440	-
34	RENT-FACILITIES & GROUND	-	-	-	144,612	144,612	-
35	RENTAL EQUIPMENT	-	-	-	1,945	-	1,945
TOTAL		72,253	1,220	71,033	2,418,463	387,910	2,030,553

BENSENVILLE HOME SOCIETY

REPORTING PERIOD 07/01/01 - 06/30/02

IX INTEREST EXPENSE

FACILITY NUMBEINAME

0014258	ANCHORAGE OF BENSENVILLE
0033803	ANCHORAGE OF BEECHER
0005066	PEOTONE SENIOR LIVING CENTER
0039289	PINE ACRES CARE CENTER

THE BENSENVILLE HOME SOCIETY (BHS) IN CONJUNCTION WITH ITS AFFILIATED CORPORATIONS, LIFELINK AND BRIDGEWAY OF BENSENVILLE, HAVE ISSUED 1989A, 1995A, AND 1998 BONDS THRU THE ILLINOIS HEALTH FACILITY AUTHORITY ON VARIOUS DATES. SEE COPY OF OFFICIAL STATEMENTS ATTACHED. THE 1989B AND 1995B BONDS WERE RETIRED WITH THE ISSUANCE OF THE 1998 BONDS.

INTEREST PAID AND ACCRUED

1989A SERIES	47,542
1995A SERIES	123,878
1998 SERIES	1,007,341

LETTER OF CREDIT AND OTHER FEES

1989A SERIES	56,215
1995A SERIES	141,489
1998 SERIES	5,594
TOTAL	<u>1,382,059</u>

INTEREST HAS BEEN ALLOCATED BASED ON THE USE OF THE BOND PROCEEDS.

ANCHORAGE OF BENSENVILLE	35.5% OF 1989 BONDS	36,849
	13.2% OF 1995 BONDS	35,077
	8.9% OF 1998 BONDS	<u>90,388</u>
	TOTAL	<u>162,314</u>
ANCHORAGE OF BEECHER	44.5% OF 1989 BONDS	46,178
	11.4% OF 1998 BONDS	<u>115,706</u>
	TOTAL	<u>161,884</u>
	PINE ACRES CARE CENTER	32.8% OF 1995 BONDS
OTHER*		970,766
TOTAL		<u>1,382,059</u>

* CORPORATE AND PARENT CORPORATE OFFICES AND NON-CARE RELATED.

BENSENVILLE HOME SOCIETY

SECTION XI - LINES 9 & 10

1985 / 1986 ALLOCATION OF RENOVATION COSTS FOR THE CFS BUILDING

	<u>1985</u>	<u>1986</u>
CONSTRUCTION COSTS:	1,735,410	133,721
CURRENT DEPRECIATION:	43,385	3,343

FACILITY FY 2002:	<u>BENSENVILLE</u>	<u>BEECHER</u>	<u>PINE ACRES</u>
FACILITY OPERATING EXP. (A)	12,760,682	5,035,321	4,846,697
TOTAL OPERATING EXP. (B)	65,437,039	65,437,039	65,437,039
(A) / (B)	19.50%	7.69%	7.41%

1985 COST PERCENTAGE	338,417	133,538	128,536
1985 DEPRECIATION PERCENT	8,460	3,338	3,213
1986 COST PERCENTAGE	26,077	10,290	9,904
1986 DEPRECIATION PERCENT	652	257	248

E HOME SOCIETY

OD 07/01/0 - 06/30/03

FACILITY NUMBER NAME

0014258	ANCHORAGE OF BENSENVILLE
0033803	ANCHORAGE OF BEECHER
0039289	PINE ACRES CARE CENTER

SCHEDULE XV BALANCE SHEET (AFTER CONSOLIDATION)

LINE 23 - OTHER

BENEFICIAL INTEREST IN PERPETUAL TRUST	3,992,545
STUDENT LOANS RECEIVABLE	54,855
CASH RESTRICTED FOR STUDENT LOANS	54,551
DEFERRED COSTS AND OTHER INTANGIBLES, NET	1,119,588
OTHER ASSETS, NET	253,110
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BENSENVILLE HOME SOCIETY

REPORTING PERIOD 07/01/02 - 06/30/03

FACILITY NUMBER NAME

0039289 PINE ACRES CARE CENTER

SCHEDULE XVII - LINE 41

	(1) BENSENVILLE HOME <u>SOCIETY</u>	(2) <u>FACILITY</u>	BHS RELATED <u>(1) - (2)</u>
<u>PINE ACRES CARE CENTER</u>			
REVENUES	37,444,508	4,748,928	32,695,580
EXPENSES	39,797,117	4,806,496	34,990,621
NET INCOME (LOSS) FROM OPERATIONS	<u>(2,352,609)</u>	<u>(57,568)</u>	<u>(2,295,041)</u>

LIFELINK CORPORATION
BENSENVILLE HOME SOCIETY

ANCHORAGE OF BENSENVILLE	#	0014258
ANCHORAGE OF BEECHER	#	0033803
PINE ACRES CARE CENTER	#	0039289
PEOTONE SENIOR LIVING CENTER	#	0005066

SCHEDULE VII-A

ATTACHED ARE LISTS OF THE BOARD OF DIRECTORS FOR LIFELINK CORPORATION AND BENSENVILLE HOME SOCIETY.

NONE OF THESE DIRECTORS PROVIDE ANY SERVICES TO EITHER CORPORATION NOR DO THEY HAVE ANY OWNERSHIP IN ANY ENTITY THAT DOES BUSINESS WITH EITHER CORPORATION.

SCHEDULE VII-A3

<u>NAME</u>	<u>CITY</u>	<u>TYPE OF BUSINESS</u>
Hoyleton Youth and Family Services	Hoyleton	Social Services
Hoyleton Children's Home Foundation	Hoyleton	Fund Raising

BENSENVILLE HOME SOCIETY
SCHEDULEAL VII-B
6/30/2003

BECAP

LINE #	DESCRIPTION	0014258	0033803	0039289
		ANCHORAGE OF BENSENVILLE	ANCHORAGE OF BEECHER	PINE ACRES CARE CENTER
2	FOOD PURCHASES	309	231	231
11	ACTIVITIES	54,579	21,460	15,660
17	ADMINISTRATIVE	53,046	39,785	39,785
19	PROFESSIONAL SERVICES	2,633	1,697	1,637
20	FEES, SUBSCRIPTIONS, PROM.	475	134	67
21	GENERAL OFFICE EXPENSE	4,009	2,325	2,137
22	EMPLOYMENT BENEFITS & TX.	22,127	14,618	14,020
24	TRAVEL AND SEMINARS	1,467	1,105	1,105
25	OTHER STAFF TRANSPORT	6,276	3,428	3,045
34	RENT-FACILITIES & GROUND	119	67	67
35	RENTAL EQUIPMENT	-	-	-
TOTAL		145,041	84,871	77,774

VICE PRESIDENT OF HEALTH CARE (020-050)

LINE #	DESCRIPTION	TOTAL	DIS-ALLOWED	ALLOWED	ANCHORAGE OF BENSENVILLE	ANCHORAGE OF BEECHER	PINE ACRES CARE CENTER
2	FOOD PURCHASES	727	-	727	291	218	218
11	ACTIVITIES	-	-	-	-	-	-
17	ADMINISTRATIVE	164,150	31,535	132,615	53,046	39,785	39,785
19	PROFESSIONAL SERVICES	3,168	3,168	-	-	-	-
20	FEES, SUBSCRIPTIONS, PROM.	40,317	40,317	-	-	-	-
21	GENERAL OFFICE EXPENSE	2,613	-	2,613	1,045	784	784
22	EMPLOYMENT BENEFITS & TX.	40,733	7,825	32,908	13,163	9,872	9,872
24	TRAVEL AND SEMINARS	3,211	-	3,211	1,284	963	963
25	OTHER STAFF TRANSPORT	7,800	-	7,800	3,120	2,340	2,340
34	RENT-FACILITIES & GROUND	11,088	11,088	-	-	-	-
35	RENTAL EQUIPMENT	-	-	-	-	-	-
TOTAL		273,807	93,933	179,874	71,950	53,962	53,962
ALLOCATION %					40.0%	30.0%	30.0%

PASTORAL CARE(020-150)

LINE #	DESCRIPTION	TOTAL	DIS-ALLOWED	ALLOWED	ANCHORAGE OF BENSENVILLE	ANCHORAGE OF BEECHER	PINE ACRES CARE CENTER
2	FOOD PURCHASES	233	233	-	-	-	-
11	ACTIVITIES	82,866	-	82,866	38,947	9,944	4,143
17	ADMINISTRATIVE	-	-	-	-	-	-
19	PROFESSIONAL SERVICES	853	-	853	401	102	43
20	FEES, SUBSCRIPTIONS, PROM.	964	-	964	453	116	48
21	GENERAL OFFICE EXPENSE	2,698	-	2,698	1,268	324	135
22	EMPLOYMENT BENEFITS & TX.	8,538	-	8,538	4,013	1,025	427
24	TRAVEL AND SEMINARS	1,283	1,283	-	-	-	-
25	OTHER STAFF TRANSPORT	5,476	-	5,476	2,574	657	274
34	RENT-FACILITIES & GROUND	2,436	2,436	-	-	-	-
35	RENTAL EQUIPMENT	129	129	-	-	-	-
TOTAL		105,476	4,081	101,395	47,656	12,167	5,070
ALLOCATION %					47.0%	12.0%	5.0%

VOLUNTEER COORDINATOR(100-200)

LINE #	DESCRIPTION	TOTAL	DIS-ALLOWED	ALLOWED	ANCHORAGE OF BENSENVILLE	ANCHORAGE OF BEECHER	PINE ACRES CARE CENTER
2	FOOD PURCHASES	53	-	53	19	13	13
11	ACTIVITIES	41,151	-	41,151	14,403	10,288	10,288
17	ADMINISTRATIVE	-	-	-	-	-	-
19	PROFESSIONAL SERVICES	6,378	-	6,378	2,232	1,595	1,595
20	FEES, SUBSCRIPTIONS, PROM.	30	-	30	11	8	8
21	GENERAL OFFICE EXPENSE	4,761	-	4,761	1,673	1,195	1,195
22	EMPLOYMENT BENEFITS & TX.	12,298	-	12,298	4,304	3,075	3,075
24	TRAVEL AND SEMINARS	408	-	408	143	102	102
25	OTHER STAFF TRANSPORT	1,532	-	1,532	536	383	353
34	RENT-FACILITIES & GROUND	6,459	6,144	315	110	79	79
35	RENTAL EQUIPMENT	-	-	-	-	-	-
TOTAL		73,090	6,144	66,946	23,431	16,737	16,737
ALLOCATION %					35.0%	25.0%	25.0%

INTERGENERATIONAL(100-245)

LINE #	DESCRIPTION	TOTAL	DIS-ALLOWED	ALLOWED	ANCHORAGE OF BENSENVILLE	ANCHORAGE OF BEECHER	PINE ACRES CARE CENTER
2	FOOD PURCHASES	3	3	-	-	-	-
11	ACTIVITIES	24,576	-	24,576	1,229	1,229	1,229
17	ADMINISTRATIVE	-	-	-	-	-	-
19	PROFESSIONAL SERVICES	-	-	-	-	-	-
20	FEES, SUBSCRIPTIONS, PROM.	219	-	219	11	11	11
21	GENERAL OFFICE EXPENSE	451	-	451	23	23	23
22	EMPLOYMENT BENEFITS & TX.	12,929	-	12,929	646	646	646
24	TRAVEL AND SEMINARS	881	81	800	40	40	40
25	OTHER STAFF TRANSPORT	956	-	956	48	48	48
34	RENT-FACILITIES & GROUND	2,132	1,962	170	9	9	9
35	RENTAL EQUIPMENT	-	-	-	-	-	-
TOTAL		42,147	2,046	40,101	2,005	2,005	2,005
ALLOCATION %					5.0%	5.0%	5.0%

BENSENVILLE HOME SOCIETY
SCHEDULE VII-C
6/30/2003

ANCHORAGE OF BENSENVILLE

NAME	POSITION	GROSS		FIXED	TOTAL	ALLOCATION		MAXIMUM	EXCESS	ADJUSTED
		WAGES	SALARY			RATE (%)	UNADJUSTED	\$110,000	LIMIT	
CARL ZIMMERMAN	PRESIDENT	311,827	9,600	321,427	19.50%	62,681	21,451	41,230	21,451	
ROBERT LOGSTON	EXEC. VP ADMINISTRATION	195,873	7,800	203,673	19.50%	39,718	21,451	18,267	21,451	
JAMES FORMAL	VP HEALTH CARE	133,735	7,800	141,535	40.00%	56,814	44,000	12,814	44,000	
THOMAS NOESEN	VP FINANCE / TREASURER	152,639	4,800	157,439	19.50%	30,702	21,451	9,251	21,451	
ALLEN GABRYIS	CONTROLLER	81,780	-	81,780	19.50%	15,948	21,451	-	15,948	
THOMAS KISER	VP SUPPORT SERVICES	135,625	4,800	140,425	19.50%	27,384	21,451	5,933	21,451	
PAMELA JONES	DIRECTOR - VOLUNTEER	41,050	-	41,050	35.00%	14,368	38,500	-	14,368	
DONALD PRIMDAHL	DIRECTOR - BUDGETING	94,186	-	94,186	19.50%	18,367	21,451	-	18,367	
JANET HISBON	DIRECTOR - PASTORAL CARE	43,213	-	43,213	47.00%	20,310	51,700	-	20,310	
KATHLEEN SCHUPB	DIRECTOR - HUMAN RESC	54,844	-	54,844	19.50%	10,695	21,451	-	10,695	
ROBIN MCBROOM	INTERGENERATIONAL CO	25,567	-	25,567	5.00%	1,278	5,500	-	1,278	
TOTAL ALLOCATION										210,769

CORPORATE ALLOCATION %

ANCHORAGE OF BENSENVILLE PROGRAM EXPENSES / TOTAL PROGRAM EXPENSES

\$12,760,682 / \$65,437,039 = 19.50%

BENSENVILLE HOME SOCIETY
SCHEDULE VII-C
6/30/2003

ANCHORAGE OF BEECHER

NAME	POSITION	GROSS		FIXED	TOTAL	ALLOCATION		MAXIMUM	EXCESS	ADJUSTED
		WAGES	SALARY			RATE (%)	UNADJUSTED	\$110,000	LIMIT	
CARL ZIMMERMAN	PRESIDENT	311,827	9,600	321,427	7.69%	24,734	8,464	16,269	8,464	
ROBERT LOGSTON	EXEC. VP ADMINISTRATION	195,873	7,800	203,673	7.69%	15,672	8,464	7,208	8,464	
JAMES FORMAL	VP HEALTH CARE	133,735	7,800	141,535	30.00%	42,461	33,000	9,461	33,000	
THOMAS NOESEN	VP FINANCE / TREASURER	152,639	4,800	157,439	7.69%	12,115	8,464	3,650	8,464	
ALLEN GABRYIS	CONTROLLER	81,780	-	81,780	7.69%	6,253	8,464	-	6,253	
THOMAS KISER	VP SUPPORT SERVICES	135,625	4,800	140,425	7.69%	10,806	8,464	2,341	8,464	
PAMELA JONES	DIRECTOR - VOLUNTEER	41,050	-	41,050	25.00%	10,263	27,500	-	10,263	
DONALD PRIMDAHL	DIRECTOR - BUDGETING	94,186	-	94,186	7.69%	7,248	8,464	-	7,248	
JANET HISBON	DIRECTOR - PASTORAL CARE	43,213	-	43,213	12.00%	5,186	13,200	-	5,186	
KATHLEEN SCHUPB	DIRECTOR - HUMAN RESC	54,844	-	54,844	7.69%	4,220	8,464	-	4,220	
ROBIN MCBROOM	INTERGENERATIONAL CO	25,567	-	25,567	5.00%	1,278	5,500	-	1,278	
TOTAL ALLOCATION										101,346

CORPORATE ALLOCATION %

ANCHORAGE OF BEECHER PROGRAM EXPENSES / TOTAL PROGRAM EXPENSES

\$5,035,321 / \$65,437,039 = 7.69%

BENSENVILLE HOME SOCIETY
SCHEDULE VII-C
6/30/2003

PINE ACRES CARE CENTER

NAME	POSITION	GROSS		FIXED	TOTAL	ALLOCATION		MAXIMUM	EXCESS	ADJUSTED
		WAGES	SALARY			RATE (%)	UNADJUSTED	\$110,000	LIMIT	
CARL ZIMMERMAN	PRESIDENT	311,827	9,600	321,427	7.41%	23,807	8,147	15,660	8,147	
ROBERT LOGSTON	EXEC. VP ADMINISTRATION	195,873	7,800	203,673	7.41%	15,965	8,147	6,938	8,147	
JAMES FORMAL	VP HEALTH CARE	133,735	7,800	141,535	30.00%	42,461	33,000	9,461	33,000	
THOMAS NOESEN	VP FINANCE / TREASURER	152,639	4,800	157,439	7.41%	11,661	8,147	3,514	8,147	
ALLEN GABRYIS	CONTROLLER	81,780	-	81,780	7.41%	6,057	8,147	-	6,057	
THOMAS KISER	VP SUPPORT SERVICES	135,625	4,800	140,425	7.41%	10,401	8,147	2,253	8,147	
PAMELA JONES	DIRECTOR - VOLUNTEER	41,050	-	41,050	25.00%	10,263	27,500	-	10,263	
DONALD PRIMDAHL	DIRECTOR - BUDGETING	94,186	-	94,186	7.41%	6,976	8,147	-	6,976	
JANET HISBON	DIRECTOR - PASTORAL CARE	43,213	-	43,213	5.00%	2,161	5,500	-	2,161	
KATHLEEN SCHUPB	DIRECTOR - HUMAN RESC	54,844	-	54,844	7.41%	4,062	8,147	-	4,062	
ROBIN MCBROOM	INTERGENERATIONAL CO	25,567	-	25,567	5.00%	1,278	5,500	-	1,278	
TOTAL ALLOCATION										96,306

CORPORATE ALLOCATION %

PINE ACRES CARE CENTER PROGRAM EXPENSES / TOTAL PROGRAM EXPENSES

\$4,846,697 / \$65,437,039 = 7.41%

BENSENVILLE HOME SOCIETY
SCHEDULE VII-C
6/30/2003

SUMMARY

NAME	POSITION	TOTAL EXCLUDED ALLOCATION		TOTAL ADJUSTED ALLOCATION	
CARL ZIMMERMAN	PRESIDENT		73,159		38,062
ROBERT LOGSTON	EXEC. VP ADMINISTRATION		32,413		38,062
JAMES FORMAL	VP HEALTH CARE		31,535		110,000
THOMAS NOESEN	VP FINANCE / TREASURER		16,415		38,062
ALLEN GABRYIS	CONTROLLER		-		28,298
THOMAS KISER	VP SUPPORT SERVICES		10,528		38,062
PAMELA JONES	DIRECTOR - VOLUNTEER SERV.		-		34,853
DONALD PRIMDAHL	DIRECTOR - BUDGETING		-		32,590
JANET HISBON	DIRECTOR - PASTORAL CARE		-		27,695
KATHLEEN SCHUPB	DIRECTOR - HUMAN RESOURCES		-		16,977
ROBIN MCBROOM	INTERGENERATIONAL COORD.		-		3,835
TOTAL			164,049		408,495